

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-719P (Rev 7/01 TEST)	SAMHSA Periodic Drug Testing Form	OMB-2115-0514 Page 1
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INSTRUCTIONS: (NOTE-The cost of the drug test is the sole responsibility of the Applicant.
Do not send to the Coast Guard for payment.)

This form MAY be used to satisfy the requirements for "periodic drug testing" in accordance with 46 CFR 16.220. If you participate in a "random drug testing program" or "pre-employment testing" this form may NOT be necessary. (See page 2 for details).

Section I – Applicant Consent

I certify that I am the described applicant and that I have provided the specimen(s) described below in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) protocols outlined in 49 CFR 40.21, 40.23, and 46 CFR Part 16 SUBPART C. I also understand that making in any way, a false or fraudulent statement, entry, or evidence is a violation of the U.S Criminal Code at Title 18 U.S.C. 1001 which subjects the violator to federal prosecution and possible incarceration, fine, or both.

Name: (Last, First, Middle) of Applicant (Print or Type)	Social Security Number
X Signature of Applicant	Date

Section II - SAMHSA Approved Laboratory Results

ANALYSIS LABORATORY FACILITY INFORMATION: Name: _____ Address: _____ _____ _____ _____ Phone: _____	DATE SPECIMEN ANALYZED: _____ Specimen Analyzed For (DOT Panel 5): <ul style="list-style-type: none"> • Marijuana metabolite • Cocaine metabolites • Opiates metabolites • Phencyclidine • Amphetamines <p>Has been Completed and the results are: (CIRCLE ONE)</p> <table border="1"> <tr> <td>Positive</td> <td>Negative</td> </tr> </table>	Positive	Negative
Positive	Negative		

IMPORTANT NOTE: Specimen(s) reported as POSITIVE indicate(s) dangerous drug(s) were detected by the screening process at or above the cutoff levels specified in 49 CFR 40.29. Positive reports are confirmed by a gas chromatography/mass spectrometry test.

Section III – Medical Review Phase

I certify that I meet the qualifications for Medical Review Authority as outlined in Title 49 CFR 40.33(b). I have reviewed the results and determined that the applicant is "DRUG FREE" in accordance with 49 CFR 40.29 and 40.33.

MEDICAL OFFICE INFORMATION: Name: _____ Address: _____ _____ _____ _____ Phone: _____	MEDICAL REVIEW AUTHORITY: Name: (Printed) _____ Signature: _____ State License #: _____
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"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number."
"The Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-CIM), U. S. Coast Guard, 2100 2nd Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."

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REQUIREMENTS	<ul style="list-style-type: none"> ● A drug test is required for all transactions EXCEPT endorsements and duplicates. ● ONLY a SAMHSA 5 Panel (formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines will be accepted.
OPTION I PERIODIC TESTING PROGRAM	<ul style="list-style-type: none"> ● A drug test conducted within the past 185 days by a Substance Abuse and Mental Health Services Administration (SAMHSA) laboratory certified by the Department of Health and Human Services. ● COLLECTION of a urine sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the physician meets the qualification requirements for a Medical Review Officer (MRO) in accordance with applicable law. It is CRITICAL that the sample is sent to an approved SAMHSA laboratory for ANALYSIS or the drug test is <u>invalid</u>. The SAMHSA approved laboratory list can be obtained at www.health.org/labs/index.htm or you may speak with a SAMHSA customer service representative at (301) 443-6014 for specific laboratory or to request the list by mail or facsimile. ● The ORIGINAL results are required. A FACSIMILE is acceptable, IF it is originated from the laboratory or Medical Review Officer (MRO) and sent directly to our office. The drug test must be signed and dated by the MEDICAL REVIEW OFFICER (MRO).
OPTION II RANDOM TESTING	<ul style="list-style-type: none"> ● An ORIGINAL DATED letter on marine employer stationary OR, for ACTIVE DUTY MILITARY MEMBERS an ORIGINAL letter from your command on command letterhead attesting to participation in random drug testing programs. EXAMPLE (FROM MARINE EMPLOYERS): APPLICANT'S NAME / SSN has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs. EXAMPLE (FROM MILITARY COMMANDS): APPLICANT'S NAME / SSN has been subject to a random testing program and has never refused to participate in or failed a chemical drug test for dangerous drugs.
OPTION III PRE-EMPLOYMENT TESTING	<ul style="list-style-type: none"> ● A DATED letter on ORIGINAL company stationary signed by an approved company official, stating that you have passed a pre-employment chemical test for dangerous drugs within the past 185 days. EXAMPLE: APPLICANT'S NAME / SSN passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.

PRIVACY ACT STATEMENT

In accordance with 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502 (SEE 46 CFR PARTS 10, 12, 13, AND 16).
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
 - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S LICENSE AND DOCUMENT ISSUED BY THE COAST GUARD.
 - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSON'S DOCUMENTATION TRANSACTIONS.
 - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
 - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
 - B. TO ENABLE ELIGIBLE PARTIES (i.e. the mariner's heirs or properly designated representative) TO OBTAIN INFORMATION.
 - C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
 - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
 - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
 - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
 - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (Required by law or optional) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).